PRINTED: 02/05/2008 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING C B. WING 09G002 01/15/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6200 2ND STREET, NW NCC WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX DATE TAG DEFICIENCY) W 000 W 000 INITIAL COMMENTS On January 10, 2008, the State Agency received notification via telephone that Client #1 had been taken to the emergency room for vomiting and abdominal pain. Subsequently, he died that morning (January 10, 2008) at approximately 8:55 AM in the emergency room. Due to the nature of this incident, an on-site investigation was initiated on January 10, 2008. Although there was no evidence that the facility was negligent in the death of this client, incidental findings revealed the facility was out of compliance with standard level requirements. The deficiencies identified in this report were based on the review of program and training records. Incident reports, the Medication Administration record and Health Passport, Personnel Records, Policy and Procedures and staff interviews. The Medical/Clinical record was not available at the time of the investigation. Interview with the Program Manager revealed that the record was missing and could not be located. W104 1. The agency will review its current 483,410(a)(1) GOVERNING BODY W 104 3-1-08 practices and policy regarding the storage and access to "client" medical The governing body must exercise general policy. budget, and operating direction over the facility. and clinical records by March 1, 2008. The appropriate revisions will be made or a new policy will be developed to address the concern by March 15, This STANDARD is not met as evidenced by: 2008. Currently, there is only one key Based on staff interview and record review to the nursing office that is available to conducted during the incident investigation, the the direct care supervisor on duty. facility's governing body failed to maintain general Access to medical records was only operating direction over the facility as evidenced

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (XB) DATE

Any deficiency statement ending with an asterisk (") denotes a deficiency which the Institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

The findings include:

by the deficiencies cited throughout this report.

given to individuals who needed to

their job function.

access the "client's" records as part of

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 02/05/2008 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) P AND PLAN OF CORRECTION (C)		(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:	(X2) MULTI	FLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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W 104	The governing bod safeguards were in confidential record 1. On 1/10/08 at all Program Manager Medical/Clinical re	by failed to ensure sufficient in place to protect clients 'ds. pproximately 4:30 PM, the reported that Client #1 's second was missing from the	W 104	The agency will review its cupractices and policy regarding storage and access to "client" rand clinical records by March 1	the medical	3-1-08
	of Nursing reveale have access to this personnel (Direct of professionals, admithis area. The Gorpolicy or written and clients' medical reckept confidential. A record remained units of the confidential of t	,		The appropriate revisions will to a new policy will be develop address the concern by March 2008. Currently, there is only to the nursing office that is avaithe direct care supervisor on diaccess to medical records was given to individuals who needed access the "client's" records as their job function.	nee made ed to 15, one key iilable to uty. s only ed to	
W 112	failed to ensure the trained on signs a as , reporting requ		W 112	2. See response to W192		,
	The facility must ke	eep confidential all information lients' records, regardless of the ethod of the records.	-			
	Based on observa facility failed to kee	is not met as evidenced by: tion and staff interview, the ep confidential, all information client's record, for one sampled			·	
		proximately 4:30 PM, the				
	contained in the classification or storage methods. This STANDARD Based on observation facility failed to kee contained in each client. (Client #1) The finding include On 1/10/08 at app	lients' records, regardless of the ethod of the records. is not met as evidenced by: tion and staff interview, the ep confidential, all information client's record, for one sampled es:	_		•	

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/05/2008 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED	
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W 192	Medical/Clinical rec main nursing station of Nursing revealed have access to this personnel (Direct C professionals, admit this area. The Gove policy or written and clients' medical reco kept confidential. As record remained un 483.430(e)(2) STAF For employees who must focus on skills toward clients' healt This STANDARD is Based on interview if failed to ensure that	ord was missing from the n. Interview with the Director that not only do the nurses area, numerous non-medical are Supervisors, onsite nistration) have key access to erning Body failed to have a effective system to ensure ords were safeguarded and of 1/15/08, Client #1 's available. F TRAINING PROGRAM work with clients, training and competencies directed in needs. Is not met as evidenced by and record review, the facility each employee had been	W112	The agency will continue to lim to the medical records. A new reabinet has been identified and ordered by February 15, 2008 (replace the portable record rack Anyone needing access to a regain access from the nurse on the nurse manager.	record I will be to ks. ecord will	2- 15-08
	provided with adequate training that enables them to perform his or her duties effectively, efficiently and competently. The finding includes:		_			
	effectively trained o	ensure that all staff had been n signs and symptoms of reporting requirements as	W192	The program staff will receive tra on the Sign and Symptoms of Ill Training began on February 13, The first cycle will be completed March 15, 2008. The program s	ness. 2008. by taff will	2-13-08 through 3-15-08
	training records on 1 that none of the facil on detecting the "Sig This was verified by	w with the facility's ist and review of the facility's 1/14/08, it was determined lity staff had received training gns and symptoms of illness". the facility Director of Nursing According to the DON, a		receive this training at least ann The program will maintain a receive participants. Beginning Marc 2008, the program will add train. The Signs and Symptoms of Illn the orientation process.	ord of ch 1, ing on	3-1-08

PRINTED: 02/05/2008 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES **IDENTIFICATION NUMBER:** COMPLETED AND PLAN OF CORRECTION A. BUILDING C B. WING 09G002 01/15/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6200 2ND STREET, NW NCC WASHINGTON, DC 20011 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE SUMMARY STATEMENT OF DEFICIENCIES iD (X5) COMPLETION DATE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) W 192 W 192 Continued From page 3 nurse was in the facility, seven days a week to provide nursing care. Although there was a nurse onsite 24 hours a day, it was discovered, during the investigation process, that direct support staff had failed to communicate one health related incident on 1/10/08 involving Client #1. Interview conducted with the overnight direct care staff on 1/11/08 at 11:00 AM revealed that during her shift around 12 AM on 1/10/08 she noticed that Client #1's urine color was dark brown. Staff also reported that Client #1 had experienced earlier eposides of vomiting of food and fluids and had not consumed a great deal of replacement fluids. A review of the nurses communication log book (change of shift record for nurses) contained entries for 1/9/08 and 1/10/08. On 1/9/08, the log reflected mention of constipation and vomiting, and vitals were documented. On 1/10/08 there was documentation about his vomiting, vital and bowel signs and the order to transport to the emergency room. Both entries were brief descriptions of the nights events, that included other client information as well. Interview with the two nurses that were on duty 1/10/08, did not result in any indication that he had been informed of Client #1's dark color urine. Athough the nurse stated that detailed entries

were documented in Client #1's Medical Record,

this could not be confirmed due to the

unavailability of the record.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MUI A. BUILE	LTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
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1 000	INITIAL COMMENT	rs .		1 000		<u>_</u>		
	notification via telep been taken to the el and abdominal pain morning (January 1 8:55 AM in the eme	08, the State Agency phone that Resident a mergency room for value Subsequently, he conditions of the	#1 had comiting died that nately					
	investigation was init Although there was was negligent in the incidental findings recompliance with standeficiencies identifie on the review of profincident reports, the record and Health P Policy and Procedur Medical/Clinical recotime of the investigate Program Manager remissing and could neglige investigate and could neglige investigate program Manager remissing and could neglige program Manager remissions and could neglige program Manager remissions and program Manager remissio	itiated on January 10 no evidence that the death of this resider evealed the facility wandard level requiremed in this report were gram and training read Medication Administrassport, Personnel Fres and staff intervieword was not available tion. Interview with the evealed that the reco	, 2008. GHMRP it, as out of ents. The based cords, tration Records, vs. The at the he	-				
	3510.3 STAFF TRAI	nuous, ongoing in-se	rvice	222				
	training programs so This Statute is not m Based on interview a GHMRP failed to ens been provided with a enables them to perf effectively, efficiently The finding includes: The GHMRP failed to been effectively trains	theduled for all personet as evidenced by: and record review, the sure that each emplo adequate training that from his or her duties and competently.	e byee had t	222	The program staff will receive tra on the Sign and Symptoms of Illi Training began on February 13, The first cycle will be completed March 15, 2008. The program st receive this training at least annual The program will maintain a receive the participants. Beginning March 2008, the program will add training The Signs and Symptoms of Illing the orientation process.	ness. 2008. by aff will ually. ord of h 1,	2-13-08 through 3-15-08	
ealth Regulat	tion Administration.			-				
					TITLE		(X8) DATE	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

If continuation sheet 1 of 5

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	1222	Continued From pag	ge 1		1222			1	
		of illness, as well as evidenced below:	, reporting requirem	ents as					
		During staff interview Compliance Specialistraining records on 1 that none of the GHI training on detecting illness". This was ve of Nursing (DON)on DON, a nurse was in week to provide nurse	ist and review of the 1/14/08, it was determand the staff had receive the "Signs and symparified by the facility In 1/15/08. According the GHMRP, seven	nined red ptorns of Director to the					
		Although there was a day, it was discovere process, that direct s communicate one he 1/10/08 involving Res	d, during the investig upport staff had fails alth related incident	gation ed to					
		Interview conducted care staff on 1/11/08 during her shift aroun noticed that Resident brown. Staff also reposexperienced earlier eland fluids and had no replacement fluids.	at 11:00 AM revealed 12 AM on 1/10/08 #1's urine color was orted that Resident # posides of yomiting of the colors and the colors are posides.	ed that she dark 1 had			·		
	(e v b	A review of the nurses change of shift record charge for 1/9/08 and effected mention of cand vitals were documentation at bowel signs and the or mergency room. Bot lescriptions of the nighther client information	d for nurses) contain 1/10/08. On 1/9/08, onstipation and vom nented. On 1/10/08 cout his vomiting, viting to transport to the entries were brief hts events, that include the course of	the log iting, there al and he		,			
		urther Interview with	the nurse that was o	n duty			}		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATÉ SURVEY COMPLETED				
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	1/10/08, did not result had been informed ourine. Athough the mentries were document Record, this could nunavailability of the mentries.	of Resident #1's dark nurse stated that deta ented in Client #1's N ot be confirmed due	k color ailed Medical	·					
1 290	Each GHMRP or licensee shall retain a permanent record for each resident for at least five years (5 yrs.) after the resident's discharge or death.		ļ	1 290	The agency will continue to limit	access	2-15 -08		
					to the medical records. The age ordered a locked record cabinet February 15, 2008 to replace th portable record racks. Anyone raccess to a record will gain access.				
	This Statute is not in Based on staff interviounducted during the GHMRP failed to ma direction over the faction over the fact	iew and record revie e incident investigation intain general opera cility as evidenced by	ew on, the iting		the nurse on duty or the nurse manager.	ess from			
	The findings include:								
	The GHMRP failed to safeguards were in p confidential records.	lace to protect client	is'						
	On 1/10/08 at approx Program Manager re Medical/Clinical recormain nursing station. of Nursing revealed thave access to this a personnel (Direct Carprofessionals, adminithis area. The Governolicy or written an efficients' medical recordect confidential. As of	ported that Resident of was missing from Interview with the Dinate not only do the notes, numerous non-rea, numerous non-re Supervisors, onsit stration) have key action Body failed to hefective system to ends were safeguarded of 1/15/08, Resident	#1's the Director urses medical e ccess to eave a sure						
	ecord remained unav	/aliable.							

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLL/ IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED			
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1 290	Continued From page	ge 3		1 290				
	protected in accorda chapter, and other a laws. This Statute is not no Based on observation review, the Group Horeld the rights of a with D.C. Law 2-137 and this chapter. The finding includes:	ence director shall elidents are observed ance with D.C. Law 2 applicable District and the come for Persons with P) failed to observe a resident, in accordance (now Title 7, Chapte failed to ensure sufficield to ensure sufficience with the content of the content o	and -137, this d federal ord in Mental and ance er 13),	1 500	The agency will review its curre practices and policy regarding to storage and access to "client" in and clinical records by March 1. The appropriate revisions will be or a new policy will be developed address the concern by March 2008. Currently, there is only of to the nursing office that is available that the direct care supervisor on duraccess to medical records was given to individuals who needed access the "client's" records as their job function.	the medical , 2008. se made ed to 15, one key ilable to uty. conly d to	3-1-08	
-	safeguards were in p confidential records. On 1/10/08 at approx Program Manager re Medical/Clinical record main nursing station. of Nursing revealed to have access to this appersonnel (Direct Carporfessionals, admini- this area. The Governolicy or written an ef- clients' medical record (cept confidential. As of	cimately 4:30 PM, the ported that Client #1 rd was missing from Interview with the D hat not only do the natea, numerous non- re Supervisors, onsit istration) have key actining Body failed to have fective system to enses were safeguarded	the Director urses medical te ccess to lave a sure d and					

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